

DATE: 1-1-2008

# Memo

To: MEDICAID ENROLLED DURABLE MEDICAL EQUIPMENT PROVIDERS  
From: MARY HELMERS, RN, PROGRAM ADMINISTRATOR, QUALITY OF CARE/DISABILITY PROGRAMS/DME FOR NORTH DAKOTA MEDICAID  
Re: ADDED/DELETED HCPC CODES

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**THE FOLLOWING HCPC CODES HAVE BEEN DELETED FROM THE PROVIDER PRICE FILE  
EFFECTIVE 1/1/2008:**

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| A6200 | A6201 | A6202 | B4086 | E2618 | K0553 |
| K0554 | K0555 | L0960 | L1855 | L1858 | L1870 |
| L1880 | L3800 | L3805 | L3810 | L3825 | L3830 |
| L3850 | L3907 | L3910 | L3916 | L3918 | L3928 |
| L3930 | L3932 | L3936 | L3942 | L3946 | L3985 |
| L3986 |       |       |       |       |       |

**THE FOLLOWING HCPC CODES HAVE BEEN ADDED TO THE PROVIDER PRICE FILE  
EFFECTIVE 1/1/2008:**

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| A7027 | A7028 | A7029 | B4087 | E2227 | E2312 |
| E2313 | E2397 | L3925 | L3927 | L3929 | L3931 |